## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
WOMEN VOTE!	
	C C00473918
Check if 24-hour report 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y Y
Full Name of Payee	Date of Public Distribution/Dissemination
Mundy Katowitz Media	12 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1322 G Street, SE	Amount
City State Zip Code	960002.45
Washington DC 20003	Transaction ID : SE-682 Date of Disbursement or Obligation
Purpose of Expenditure Media Buy TV  Category/ Type	11 24 2015
Name of Federal Candidate Support Office	Sought: House District: 00
Donna Edwards Oppose	President Senate State: MD
Calendar Year-To-Date Per Election for Office Sought  Disbut 2016	orsement For:
Full Name of Payee Mundy Katowitz Modia	Date of Public Distribution/Dissemination
Mundy Katowitz Media	12 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1322 G Street, SE	Amount
City State Zip Code	39900.00
Washington DC 20003	Transaction ID : SE-683 Date of Disbursement or Obligation
Purpose of Expenditure Media Production  Category/ Type	11 24 2015
Name of Federal Candidate Support Office	e Sought: House District:00
Donna Edwards Oppose	President State: MD
Calendar Year-To-Date Per Election for Office Sought  Disbut 2016	ursement For: X Primary General  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	999902.45
(b) SUBTOTAL of Unitemized Independent Expenditures	1 1 7 1 1 7 1 1 7 1
(c) TOTAL Independent Expenditures	999902.45
Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Denise Feriozzi  [Electronically Filed] Date	2 01 2015
Signature	